

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

10/521334

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31		3					81						
32							82						
33	1						83						
34		2					84						
35							85						
36		1					86						
37							87						
38		1					88						
39							89						
40		2					90						
41							91						
42		1					92						
43							93						
44		1					94						
45							95						
46		1					96						
47							97						
48		1					98						
49							99						
50		1					100						
TOTAL IND.			↓		↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.			←		←		TOTAL DEP.		←		←		←
TOTAL CLAIMS							TOTAL CLAIMS						